

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number		09/407,124-Conf. #2321
	Filing Date		September 27, 1999
	First Named Inventor		William D. Kennedy
	Title	METHOD TO CREATE A CUSTOMIZED E-COMMERCE STORE	
	Art Unit	3688	
	Examiner Name	R. Alvarez	
Attorney Docket No.		028521.0101PTUS (Formerly 072755-020100/US)	

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.
OR

☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

24283

☐ OR
I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number	Practitioner(s) Name	Registration Number

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:
OR

☐ The address associated with Customer Number:

OR

☐ Firm or Individual Name

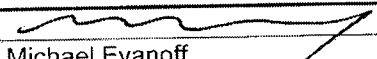
Address

City	State	Zip
Country	Telephone	Email

I am the:

☐ Applicant/Inventor.
OR

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____
SIGNATURE of Applicant or Assignee of Record

Signature		Date	11-2-09
Name	Michael Evanoff	Telephone	321-559-2364
Title and Company	CFO, Vcommerce Holdings, Inc.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of 1 forms are submitted.

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: November 2, 2009Signature: /Robert P. Ziemian/ (Robert P. Ziemian)